

Today's Take-Aways

Regional Updates

• The major focus right now within the region is preparation for return to school and how that may impact the system, along with preparations for a potential second wave of COVID-19 and the various illnesses that typically hit the population in the fall and winter months.

Human Resources

• Staff communication is being developed with regards to sick leave and how leave will be handled, for example, if parents have children sent home with COVID symptoms or sent home to self-isolate due to an exposure etc.

• The second installment of Pandemic Pay covering the remaining pay periods for eligible staff will be issued towards the end of September. All Pandemic Pay questions can be forwarded to <u>covid19questions@prh.email</u>.

Staff Screening

• Effective in early September, screening at the PRH staff entrance will be transitioning to an electronic format using the existing electronic screening tool. More details to come.

Supply Status

• We are currently sourcing gloves from the provincial supply to augment our own supplies.

• We were also encouraged to hear that some Ontario-based production of N95 masks is commencing this fall.

Clinical News

• Critical Care – Bed capacity and staffing continues to be assessed on a daily basis. A "ramp down" plan is also in development which could be implemented if needed should we experience occupancy pressures.

• It is anticipated that the number of Alternate Level of Care (ALC) patients could remain the same or increase for the foreseeable future as admissions to long-term care and retirement homes are happening but at a much slower pace than pre-COVID.

• Diagnostic Imaging – The department is currently at 95% volume, offering all services.

• Rehabilitation – The department is currently experiencing high occupancy.

• Ambulatory Clinics – The clinics are running at approximately 90% service levels with phone appointments continuing when possible. There have been some challenges to book all of the outstanding treadmill stress tests as there were some structural issues and physician availability issues.

• Medical – The department is currently working to adjust staffing such that more RNs are available to suport patients on 2A where there is higher acuity.

Today's Take Aways...Continued From Front

• OR – The department is currently operating at essentially full service levels, including paediatric cases which are being reinitiated.

Renfrew County Virtual Triage and Assessment Clinic

• Public Health's current focus is on the return-to-school planning and support for students in our region.

• Paramedics are now receiving training for the swabbing of children less than two years of age in order to enable them to perform paediatric testing. Demand for testing in the fall is expected to be significantly higher than current demand, however, EMS has indicated that they have the ability to meet this increase in demand for testing.

EORLA

• The current turn-around time for COVID swabbing results is 72 hours. It was noted that if testing demand does increase in the fall it will pose a challenge to EORLA's current capacity. There are plans to bring on new equipment in October which will increase their capacity.

Food Services

Upcoming: Vegetarian Lasagna (Sept.1), Spicy beef Wrap (Sept.2), Fish & Potato Wedges (Sept.3).

• By request, we've also started offering some (limited) gluten free options including a gluten free wrap and some GF blueberry muffins (in the grab & go section).

ICU

July 21 - Thank you **Candace from the Resource Team** for coming down to ICU to help us out.

July 5-6 - Thanks to all the **Resource**, **Maternal Child Care and Mental Health Staff** who came down to ICU and ED to help us out. We had such a busy weekend in the Emergency department. We appreciate your great teamwork!

Messages of Gratitude From Our Patients

I wanted to share a patient's feedback and my own concerning the care provided by **RN Riley Dickson** to a distraught patient in the ED on July 14th. Riley was recognized by the patient as someone who had listened to her, understood her situation and was very supportive. My experience, as a member of the Mobile Crisis Team was very similar. Riley paged the team to advise of this patient's discharge from the ED and to request followup. In my call back to him he mentioned that she did not have a family doctor. I inquired as to whether the discharge physician had referred her to Dr. Okechuckwu. He had not but I received a page back from Riley indicating that he had spoken to the doctor and a referral was being faxed. When I spoke to the patient today, the first thing she mentioned was a nurse named Riley and how wonderful he had been. *Nancy Lounsbury*

"This morning I went in to the ED to have a tick removal assessed. Right from the COVID screening to the doctor's assessment, I was very pleased with the care and service. I knew there were other emergencies higher on the list but it still meant a lot that I felt cared for."

"I went to the ED today for palpitations and chest pain around 6:30 p.m. It was a terrifying and painful time and I admittedly cried a lot. Yet through it all, the nurses and doctors were super amazing and professional. Despite it being busy, I was seen incredibly quickly and treated with integrity, kindness and patience. I was thoughtfully treated and checked, and my questions were answered without hesitation. I wanted to extend my heartfelt thanks to everybody involved. If possible, please tell them that they really helped me. Even when I felt I was wasting their time. They were there and for that I am grateful."



Introducing The Hospital's Current Membership Of The Joint Health And Safety Committee

Our friendly committee promotes a culture of safety in the workplace. We do this by doing monthly inspections of the hospital, warehouse, and related buildings. We encourage the discussion and resolution of potential workplace hazards from both a worker and management prespective. We promote the effective reporting of potential hazards and safety incidents.

All employees at PRH have an equal responsibility to work safely. Get to know us, we are here to help you! Let's work together to keep PRH a safe place to work.

We have two ONA, two CUPE, and two Non-Union Non-Management representatives on the committee, and two alternates for each. There are also six Management representatives and two Management alternates. (Next week we will highlight the Mental Health Services JOHSC)

Our committee members:

Back row, from left: Jim Lumsden (outgoing Management Co-Chair, Diagnostic Imaging and EORLA Liaison), Martin Burger (Management representative, Ambulatory Clinics and Food Services), Jennifer Kennedy (Management alternate, Project Manager).

Middle row, from left: Wanda Edmonds (Worker Co-Chair, Human Resources), Deva Hatchou (ONA Worker representative, RN ICU/ED), Michelle Godsell (Management Representative, OR/MDR), Michelle Giles (Non-Union Non-Management Worker representative, Plant Services), Mike Godbout (Plant Services Director, committee resource), Dave Bromley (Manager of Health and Safety)

First row, from left: Darlene Keuhl (CUPE Worker representative, Environmental Services), Rita Amodeo (Non-Union Non-Management representative, Medical Affairs), Elizabeth Rosamund (ONA Worker representative, RN Rehabilitation), Greg Tate (CUPE Worker representative, RPN Medical)

Missing from photo:

Management representatives - Marilyn Watson (Environmental Services), Dianne O'Connor (Maternal Child Care/Surgical) and Dean Quade (Rehabilitation). Alternate Members - Tyson Purcell (ONA Worker representative), Karen Vaillancourt (CUPE Worker representative) and Janna DesRoches (Non-Union Non- Management Worker representative). Resources to the JHSC - John Wren (Vice-President of Corporate and Support Services), Kirsten Johnson (Infection Prevention and Control) and Carmelita Pilatzke (Administration support).



VIRTUAL VACATION

Bulletin Update

"I look upon every day to be lost, in which I do not make a new acquaintance" – Samuel Johnson

We often think of close friendships as a key to wellness. However, research shows that building networks of casual acquaintances can be just as important to our feelings of belonging.

Sociologist Mark Granovetter studied the impact of casual relationships in his 1973 paper <u>The Strength of</u> <u>Weak Ties.</u> In it, he explored the concept of "strong ties" – an inner circle of close family and friends—and "weak ties" – an outer circle of acquaintances whom you see occasionally. His study found that "weak ties" can be more important to us. People who spend their days having a series of casual interactions with "weak ties" – a waitress, a neighbour, a member of a softball team – report higher levels of happiness.

Think about the people with whom you have regular, brief interactions. The pandemic has impacted daily lives, but there are still people you are seeing. The person handing you your morning double-double or the screener greeting you every morning. Think about those familiar encounters as a source of strength.

ONE Week to Go! Door Decorating Activity

comes to an end Aug. 30. <u>Go visit some Doors</u> around the Hospital!

Following Fern July 6- August 28 Last week Fern travelled **842 Km**! *Cumulative:* **3931km**

AUG. 28th IS THE LAST FRIDAY to <u>Submit</u> your Km's on The Loop or celebration&recognition@prh.email



'Clock-in' all of your travelling distances as you enjoy <u>any type</u> of physical activity.

Gjoa Haven, NU; average temperature 9°C Vernon, BC Cape Spear, NL

> Grand Turk Island! Venezuela here we come

We've made it to both the East Coast and West coast of Canada!





No, seriously, we want to know. How ARE you doing?

Need assistance with coping... a spot to talk?

Employee Assistance Program (EAP) 1-844-880-9142 or www.worklifehealth.com

Mental Health Services Intake and Referral Line (613) 732-8770, extension 8006 or the 24/7 Mental Health Crisis Line 1-866-996-0991

www.pembrokeregionalhospital.ca/mentalhealthservices www.covid19therapists.com www.theroyal.ca/covid-frontline-wellness

CONSTRUCTION CORNER

Rehab Roof Project:

Last Friday the contractor received another shipment of grout material and was able to complete the slope on the last remaining east section. On Monday, the remaining membrane was installed on this grouted portion. The roof is now completely sealed. The buckets, hoses, and tarps have been removed in the rooms below. New ceiling tiles were ordered and will be installed to replace the ones damaged by the water leaks.

The electrical contractor also installed the wiring this week for the bollards. Ceiling exploration work was done to locate all drains and determine if additional ones will be required or if a few existing ones need to be moved to better locations. A plumber examined the drains with a scope video camera and found a few blockages in the lines which were removed.



PRH Supply Status

N95 Respirators 1860 4% staff fit tested	2,240
N95 Respirators 18605 37% staff fit tested	3,445
N95 Respirators 1870+ 50% staff fit tested	72
N95 Respirators 1804	5,290
N95 Respirators 1804 s	5,228
N95 Respirators 9105	213
N95 Respirators 8110s 3% staff fit tested	1,210
N95 Respirators 8210 2% staff fit tested	2,746
N95 Respirators 9210+	16
Mask isolation (ear loop no visor) Level 1	.0
Mask isolation (with the no visor) Level 1	5,570
Mask isolation (ear loop no visor) Level 2 (Trico)	35,808
Mask isolation (ear loop no visor) Level 3	10,450
Mask vísor ear loop Level 3	12,649
Mask visor with the Level 3	1,500
Gowns Isolation - Level 1	4,000
Gowns Isolation - Level 2 XLg Yellow	3,700
Gowns Isolation - Level 3	840
Gowns Isolation - Level 4	740
Gown - Chema	540
Full face shield with veloro strap	7,968
Goggles - vented	259
Safety goggles (over glasses)	714
Safety glasses	1,379
Latex-Free Gloves Small - each (vinyi) 13.6%	103,800
Latex-Free Gloves Medium - each (vinyl) 48,3%	482,100
Latex-Free Gloves Large - each (vinyl) 36.1%	251,250
Latex-Free Gloves X-Large - each (vinyl) 1.9%	45,910
GLOVE NITRILE SMALL	11,810
GLOVE NITRILE MEDIUM	9,300
GLOVE NITRILE LARGE	15,900
GLOVE NITRILE X-LARGE	13,700
GLOVE 12" SMALL NITRILE	1,350
GLOVE 12" MEDIUM NITRILE	1,650
GLOVE 12" LARGE NITRILE	2,700
GLOVE 12" XL LARGE NITRILE	250
Shoe Cover	2,000
Hand Sanitizer 500ml	371
Hand Sanitizer 1000ml	83
Disinfecting Wipes (Accel)	265
Expired N95 1860S	680
Expired N95 1870	1,880
Expired N95 8110s	415
Expired N95 8210	2,429
Expired N95 9210	160
Expired N95 Other	1,705
Bouffant Cap 21"	7,500
Bouffant Cap 24" "Concerns about Supply	4,100

COVID Alert Download the app to protect yourself and your community.

The COVID Alert app lets you know if you may have been exposed to the virus. You can then get tested and keep you and your community safe. The app is voluntary: The more people who choose to use it, the more effective we will be at stopping the spread of COVID-19.



For more information, visit ontario.ca/covidalert



Pembroke Regional Hospital Foundation CATCH the ACE CATCH Weekly Pot \$989 Winning ticket #F-7212520 Card #42 - 7 of Hearts

Neek #6 Winner

Progressive Jackpot now <u>\$9,181</u> and climbing PRHcatchtheace.ca

Current Facts and Figures

- PRH 0 COVID positive patients
- Renfrew County:
 - 0 active cases, 1 death
 - 21,726 tests completed
 - For more detail visit <u>www.rcdhu.com</u>.
- Ontario:
 - 3,832active cases, 2,802 deaths
 - 2,823,721 tests completed
 - For more detail visit <u>www.ontario.ca</u>.

Did You Know...PPE and the Pandemic

Like many unsung heroes and those who work behind the scenes, many people may not realize just how many challenges our Materials Management team faced during the first wave of the COVID-19 pandemic.

In fact, many staff likely weren't even aware of how the personal protective equipment (PPE) ordering process worked pre-COVID – other than to know that their supply areas were readily stocked with the items they required.

Materials Management Supervisor Monique Lafrance-Fleury explained that, pre-COVID, departments requiring PPE would send requisitions to "Stores" and their supplies

would be delivered with no one questioning what or how much of anything was being ordered.

All that changed, and had to change, when the pandemic was declared in North America.

"Even before the pandemic was declared, early in the new year, staff began to notice that various items of PPE were already delayed or back-ordered. Once the pandemic was declared, inventory demand was already exceeding availability," Ms. Lafrance-Fleury said.

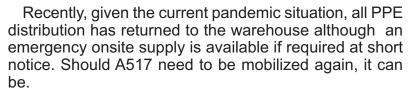
When demand exceeded supply and backorders were on the rise, the community responded to our call for donations and helped during a critical time period when supply shortages were being experienced. At this time as well, the emergency shipment of procedure masks that we received from the province transitioned us through that critical shortage.

With support from the clinical departments it was quickly determined that new measures would have to be put in place to manage how PPE was issued in order to ensure that what was available would be equally shared with all areas in need.

A new just-in-time order process was implemented.

It also became quite obvious that being located offsite at the Cecelia Street warehouse and trying to keep up with PPE demand was difficult which is why the fifth floor meeting room in Tower A was secured as a supply area.

The Materials Management team also faced numerous challenges in efforts to source and secure alternative products, particularly masks and shields.



PPE SUPPLY

Ms. Monique Lafrance-Fleury said work is also being done regionally with other hospitals to create a regional PPE supply bank in anticipation of a second wave of COVID-19 and the team is focusing on lessons learned and some of the benefits realized through the new PPE ordering process.





